

Recommended PBP Contract Summary Form

Performance-Based Payment Record

| | | | | | | | |
|----------------|------------------|------|-----------------------------------|-------------------------|-------|------------------|--|
| PIIN: | | | Order No.: | | | Page __ of __ | |
| Contract#: | | | Current through Modification No.: | | | Dated: | |
| | | | | | | | |
| PBP event # | CLIN/ subCLIN | ACRN | Type (S or C) | Brief Event Description | Value | Expected date | |
| | | | | | | | |
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| PERFORMANCE BASED PAYMENT REQUEST | |
|--|--|

PPP Form Hazmat Rev E 2/2014

Page 1 of 2

1. Payment Office Address

DEAS

2. Contractor Name/Address

Contractor Name**Contractor Street Address****Contractor Street Address**

Contractor's City, ST Zip +4

(Area Code) Phone No. & Fax No.

3a. Contract No.:

Sl. Order No.:4. Shipment No.:

5. *Jernica* No.:

6. Inverse Data:

2. Customer Code:

[illegible][illegible]

Sigurd

Date _____

18. TOTAL AMOUNT REQUESTED
ALL PAGES

19. AMOUNT APPROVED
FOR PAYMENT

20. ACO Signature

Data Approved

AGENCY INFORMATION SUPPLIED ON ATTACHED SCHEDULE

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| PERFORMANCE BASED PAYMENT REQUEST - CONTINUATION SHEET | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

PDP Form Hauler Rev E 7/2004

Page 2 of 2

1. Payment Office Address

DFAS

2. Contractor Name/Address

Contractor Name

Contractor Street Address

Contractor Street Address

Contractor's City, ST Zip +4

(Area Code) Phone No. & Fax No.

| | |
|-------------------|----------------|
| 3a. Contract No.: | 3b. Order No.: |
|-------------------|----------------|

4. *Shipment No.:*

5. Invoice No.:

4. Invoice Data:

7. Customer Code:

| 1. | 2. | 3. | 4. | 5. |
|------|------|-------|-----|---|
| CLIN | ACRN | EVENT | QTY | AMOUNT |
| | | | | <p>12. EVENT DESCRIPTION</p> <p>To charge the U.S. Government for completion of the following Performance Based Payment Event(s), in accordance with Basic contract</p> |
| | | | | <p>13. QTY</p> <p>14. AMOUNT PER EVENT</p> |
| | | | | <p>15. SUB-TOTAL</p> |

PERFORMANCE BASED PAYMENT REQUEST

PDP Form Master Rev E 7/2004

Page 1 of 2

1. Payment Office Address

DFAS-Columbus Center
West Entitlement Operations
P.O. Box 182381
Columbus, OH 43218-2381

2. Contractor Name/Address

Contractor Name
Contractor Street Address
Contractor Street Address
Contractor's City, ST Zip +4
(Area Code) Phone No. & Fax No.

3a. Contract No.:

N00019-98-G-1234

3b. Order No.:

5B77

4. Shipment No.:

PBPA123

5. Invoice No.:

9910-5555

6. Invoice Date:

1/20/2000

7. Customer Code:

| 3. | 9. | 10. | 11. | 12. | 13. | 14. | 15. |
|---|------|-------|-----|---|-----|------------------|-------------------|
| CLIN | ACRN | EVENT | QTY | EVENT DESCRIPTION | QTY | AMOUNT PER EVENT | AMOUNT |
| To charge the U.S. Government for completion of the following Performance Based Payment Event(s), in accordance with Basic contract | | | | | | | |
| 5555w/w | AA | 1 | S | Lower Quarter Keel Kit - Aircraft FNC23 | 200 | 12,457,689.00 | 2,491,537,800.00 |
| 5555w/w | AA | 1 | S | Lower Quarter Keel Kit - Aircraft FNC23 | 500 | 55,555,555.00 | 27,777,777,500.00 |
| 0001AB | CD | 33 | S | Center Barrel Completion | 1 | 123,789.00 | 123,789.00 |
| 5555w/w | AA | 1 | S | Lower Quarter Keel Kit - Aircraft FNC23 | 500 | 123,789.00 | 61,894,500.00 |
| 5555w/w | AA | 1 | S | Lower Quarter Keel Kit - Aircraft FNC23 | 500 | 123,789.00 | 61,894,500.00 |
| 5555w/w | AA | 1 | S | Lower Quarter Keel Kit - Aircraft FNC23 | 500 | 123,789.00 | 61,894,500.00 |
| 5555w/w | AA | 1 | S | Lower Quarter Keel Kit - Aircraft FNC23 | 500 | 123,789.00 | 61,894,500.00 |
| 5555w/w | AA | 1 | S | Lower Quarter Keel Kit - Aircraft FNC23 | 500 | 123,789.00 | 61,894,500.00 |
| 5555w/w | AA | 1 | S | Lower Quarter Keel Kit - Aircraft FNC23 | 500 | 123,789.00 | 61,894,500.00 |
| 5555w/w | AA | 1 | S | Lower Quarter Keel Kit - Aircraft FNC23 | 500 | 123,789.00 | 61,894,500.00 |
| 5555w/w | AA | 1 | S | Lower Quarter Keel Kit - Aircraft FNC23 | 500 | 123,789.00 | 61,894,500.00 |
| 5555w/w | AA | 1 | S | Lower Quarter Keel Kit - Aircraft FNC23 | 500 | 123,789.00 | 61,894,500.00 |
| 5555w/w | AA | 1 | S | Lower Quarter Keel Kit - Aircraft FNC23 | 500 | 123,789.00 | 61,894,500.00 |
| 5555w/w | AA | 1 | S | Lower Quarter Keel Kit - Aircraft FNC23 | 500 | 123,789.00 | 61,894,500.00 |
| 16. SUB-TOTAL | | | | | | | 32,134,152,989.00 |

17. CERTIFICATION: I certify to the best of my knowledge and belief that: (1) This request for performance based payment is true and correct; this request for performance based payment has been prepared from the books and records of the contractor, in accordance with the contract and the instructions of the Contracting Officer; (2) Except as reported in writing as _____, all payments to subcontractors and suppliers under this contract have been paid, or will be paid, promptly, when due in the ordinary course of business; (3) There are no retainages (except as reported in writing as _____) against the property acquired or produced here, and allocated or properly charged to, the contract which would affect or impair the Government's title; (4) There has been no materially adverse change in the financial condition of the contractor since the submission by Contractor to the Government of the most recent written information dated _____; and, (5) After the making of this requested performance based payment, the amount of all payments has not deliverable here for which performance based payments have been requested will not exceed any limitation in the contract, and the amount of all payments under the contract will not exceed any limitation in the contract.

Signed _____

Date _____

18. TOTAL AMOUNT REQUESTED ALL PAGES

32,383,306,769.00

19. AMOUNT APPROVED FOR PAYMENT

32,383,306,769.00

20. ACO Signature

Date Approved _____

ACRN INFORMATION SUPPLIED ON ATTACHED SCHEDULE



Page 2 of 2

| | |
|-------------------|----------------|
| 3a. Contract No.: | 3b. Order No.: |
| N00019-98-G-1234 | 5B77 |
| 4. Shipment No.: | PBPA123 |
| 5. Invoice No.: | 9910-5555 |
| 6. Invoice Date: | 1/20/2000 |
| 7. Customer Code: | |

[illegible]

**Disbursement for this PBP
Invoice should be made against
the following ACRN(\$)**

Contractor Name _____
Contractor Street Address _____
Contractor Street Address _____
Contractor's City, ST Zip +4 _____

| | |
|-------------------|---|
| 6. Customer Code: | 0 |
|-------------------|---|

[illegible]

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

| | |
|----|--|
| 1 | Payment office Address |
| 2 | Contractor Name/Address - Enter Contractor name & address. It is suggested to include a name and telephone number for a point of contact in case of questions. |
| 3a | Contract No. - Enter the full contract number. (Format: 13 alphanumeric characters, XXXXXX-XX-X-XXXX) |
| 3b | Order No. - Delivery order number (4 alphanumeric characters), if applicable. |
| 4 | Shipment No. - Must be 7 alphanumeric characters starting with PBPA (for U.S. disbursements) or PBPB (for FMS disbursements). The last three positions are numeric and should be serially numbered (e.g. PBPA001) |
| 5 | Invoice No. - For contractor use. |
| 6 | Invoice Date - For contractor use. |
| 7 | Customer Code - For contractor use. |
| 8 | CLIN - Enter the appropriate Contract Line Item Number (CLIN) as required by the contract. |
| 9 | ACRN - Enter each Accounting Classification Reference Number (ACRN) which funds the performance event. |
| 10 | Event - Enter the event identifier as shown in the contract. |
| 11 | S/C - Enter S if the event is severable (not dependent on other events) and C if the event is cumulative (dependent on prior completion of other events.) |
| 12 | Event Description - Enter description as appropriate. |
| 13 | Qty - For contractor use. |
| 14 | Amount per event - For contractor use. |
| 15 | Amount - Enter the total of all entries in the amount column. |
| 16 | Sub-Total - The individual page total |
| 17 | Certification - Contractor official authorized to bind the contractor shall complete and sign. |
| 18 | Total amount requested--All Pages - Enter the total of all entries in the amount column. |
| 19 | Amount approved for payment - For ACO use. Amount entered into payment system. |
| 20 | ACO Signature and Date Approved |

ACRN Schedule Attachment Instructions

General : This information is prepared by the contractor and submitted to the ACO. The ACO may use this attachment as the instructions to be submitted to the payment office for distribution of financing payment.

1 **Contractor Name/Address** - Self Explanatory

3a **Contract No.** - Enter the full contract number. (Format: 13 alphanumeric characters, XXXXXX-XX-X-XXXX)

3b **Order No.** - Delivery order number (4 alphanumeric characters), if applicable.

3 **Shipment No.** - (same as for basic request)

4 **Invoice No.** - For contractor use

5 **Invoice date** -

6 **Customer Code** - For contractor use.

7 **Summary** - List ACRN and CLIN information as needed, including totals.
